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DATE MAILED: 05/31/2002

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/485,245	03/27/2000	ALISON HOPKINS	28911/36128	1697
	7590 05/31/2002			
MARSHALL O'TOOLE GERSTEIN MURRAY & BORUN 6300 SEARS TOWER			EXAMINER	
			WILDER, CYNTHIA B	
	WACKER DRIVE L 60606-6402		ART UNIT	PAPER NUMBER
emenco,	.2 00000 0102		1637	10

Please find below and/or attached an Office communication concerning this application or proceeding.

## Interview Summary

Application No.

Applicant(s)

09/485,245

Art Unit

Hopkins, A

Examiner

CB Wilder

1655

All participants (applicant, applicant's representative, PTO	personnel):	
(1) CB Wilder	(3)	
(2) Jeffrey Sharpe		
Date of Interview May 14, 2002	_	
Type: a) X Telephonic b) Video Conference c) Personal [copy is given to 1) applicant	2) applicant's representative]	
Exhibit shown or demonstration conducted: d) Yes	e) X No. If yes, brief description:	
Claim(s) discussed: 1 and 2		
Identification of prior art discussed:		
any other comments:  Mr, Sharpe discussed the claimed invention with the exame Examiner discussed with Mr. Sharpe that the compositions composition is operable. However, all of reagents of the composition and the examiner also reminded Mr. Sharpe that any material		
Although the case is a first action final, the Examiner agree	eed to consider the declaration upon filing.	
	dments which the examiner agreed would render the claims copy of the amendments that would render the claims allowable is	
0% It is not necessary for applicant to provide a sepa	arate record of the substance of the interview (if box is checked).	
INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MF already been filed, APPLICANT IS GIVEN ONE MONTH FROM	MAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST PEP section 713.04). If a reply to the last Office action has OM THIS INTERVIEW DATE TO FILE A STATEMENT OF THE rd of Interview requirements on reverse side or on attached	
	influi Wildie	

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required